

The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
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MEMORANDUM

TO: All MA Licensed Ambulance Services and Accredited EMT Training Institutions

CC: EMCAB Members

FROM: Mark Miller, MS, NRP, Director

RE: 2018.2 Statewide Treatment Protocols

DATE: March 30, 2018

The Massachusetts Department of Public Health, Office of Emergency Medical Services (the Department) is releasing version 2018.2 of the Statewide Treatment Protocols (STPs). Following the January release of version 2018.1- three medication recommendations were made and are being amended in version 2018.2.

- 1. Norepinephrine titrating dose of 0.1- 0.5 mcg/kg/min was added.
- 2. Calcium Chloride dose now reads 20 mg/kg IV/IO administer slowly over 5 minutes to a maximum dose of 1 gram.
- 3. Maximum daily doses for acetaminophen and ibuprofen were added. Consideration should be given to medication received in the past 24 hours by the patient prior to EMS arrival.

Three technical fixes were made

- 1. Epinephrine and norepinephrine infusion mix instructions have been removed.
- 2. Wound packing was added as a method to control hemorrhage.
- 3. In the Scope of Practice: the name Targeted Temperature Management was added to reflect the protocol.

Additional information is available in the accompanying change chart. Version 2018.2 is in effect on April 1, 2018. Please find the documents on the OEMS webpage: https://www.mass.gov/lists/emergency-medical-services-statewide-treatment-protocols

Two additional clinical reminders based on recent review of cases:

1. Based on MATRIS data, we wish to remind all services that **haloperidol** is NOT to be used in pediatric patients, and is relatively contraindicated in patients with seizures or a seizure history.

2. Please be aware the **ketamine** is ONLY approved as a sedative in Protocol 2.4 Behavioral Emergencies Adult & Pediatric and for the four RSI special project participants. Ketamine is not approved for analgesia and should not be substituted for analgesia medication shortages.

The Department appreciates your continued collaboration and efforts to care for patients. If you have questions on the 2018.2 STP, please contact Patricia Reilly, RN, clinical coordinator, at patricia.reilly@state.ma.us, or Renee Atherton, NRP, compliance coordinator, at renee.atherton@state.ma.us.